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Cot death - what every parent needs to know

The **Richardson Report** into cot death elegantly explains all the facts of the cot death epidemic. This is something all parents with babies need to know about.

The idea is straightforward. All mattresses are impregnated with fire retardants, antimony and phosphorus, often with arsenic as a contaminant. When a baby lies on a mattress, inevitably secretions fall into the mattress through possetting, saliva, nasal secretions or vomit. This allows the growth of the fungus, *scopulariopsis brevicaulis*. This fungus feeds on human secretions and is normally present in all bedding materials which are rich in secretions. However this fungus attacks fire retardants in such a way as to release poisonous gases; namely phosphine, stibine and arsine. These gases are heavier than air so they concentrate in the mattress. Babies may be much more susceptible to these poisons than adults. The early symptoms of poisoning are headache and irritability. They then cause death, possibly through respiratory depression or heart failure because they act as cholinesterase inhibitors. These are the same chemicals as those used in germ warfare and in pesticides (their effects are probably similar to nerve gases used in chemical warfare).

This explains the facts of cot death:

1. Cot death is unknown in Japan where boron is used as a fire retardant. However, when the Japanese come to live in the West on our bedding materials, they experience the same incidence of cot death.
2. It occurs more often during a mild illness when a baby has a temperature. An increase in a baby's body temperature from 37 degrees (normal) to 42 degrees causes a 20 fold increase in poison gas production.
3. It occurs more in winter when parents overwrap their babies and turn the central heating on. Many deaths occur in the early morning when the central heating turns on automatically. Indeed, the incidence of cot deaths exactly parallels heating bills.
4. It is more common in boys because their metabolic rate is 15% higher than girls so they are more likely to overheat.
5. It is uncommon in first born babies on new mattresses because the fungus has not had time to establish itself in the mattress. Subsequent children are less likely to have a new mattress and second-hand mattresses will already be inoculated with the fungus. Deaths in babies under one month have always been on mattresses previously used by other children. There is a high incidence of cot death in Service families who are provided with mattresses (which will already have been infected with *scopulariopsis brevicaulis*) in their houses.
6. Babies who lie on their tummies inhale gases directly from the mattress. Cot death is less common in babies over 5 months because by this time they are strong enough to lift their heads off the mattress or rollover and avoid inhaling the poison gases.
7. Babies dying of cot death have abnormally high levels of antimony in their blood (from stibine gas).

8. The high incidence of cot death in Aborigine babies is due to their use of sheepskins for babies to sleep on. There are high levels of arsenic in sheep wool (arsenic levels are high in the soil and it is excreted in the wool) - this is broken down by the fungus to produce arsine gas which kills the babies.

9. Cot death is more common in low birth weight or otherwise disadvantaged babies probably because they are more susceptible to poisoning.

As a result of this report specific recommendations have been made:

a) All mattresses should be covered with polythene to prevent release of poisonous gases. They should be washed regularly or replaced. (My personal advice would be to also use a folded cotton sheet which could be washed regularly to clear out secretions and get rid of the fungus. Best of all would be a Japanese futon/mattress that uses Boron as a fire retardant).

"Vented mattresses" are particularly bad because they allow large accumulations of posset, vomit, nasal secretions, saliva etc. to accumulate in the mattress and encourage heavy growth of the fungus.

b) Babies should not be overwrapped (I recommend in particular the head should never be covered as this is a vital cooling device.) A window should be left open in the bedroom and central heating at a minimum level.

c) Babies should be laid on their sides, not on their tummies.

Anybody who wishes to receive a full copy of the Richardson report should write to Penarth Research International Limited, Consulting and Research Scientists, Castle Emplacement, PO Box 142, St. Peter Port, Guernsey, Channel Islands enclosing a cheque for £7.50 and an A4 SAE.

[Anmerkung: Dir Firma existiert nicht mehr. Für den Richardson Report: Cot Death: Must Babies Still Die? <mailto:hannes.kapuste@t-online.de>]